



Kathy M. Sheehan
Mayor

City of Albany
Minority & Women Owned Business Enterprise
Certification Application

Please provide the following information for certification in the City of Albany's Minority and Women Owned Business Enterprise (M/WBE) Program.

In order to expedite processing, complete all information and provide all requested documentation. Attach additional sheets if space provided is insufficient. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. The form at the end must be signed, dated and notarized before submitting.

Name of
Business:_____

Business Street Address:_____

City, State, Zip:_____

Business Telephone:_____ Fax or Cell:_____
(Area Code) (Area Code)

Email:_____ Website:_____

Federal Identification Number:_____

Principal Owner:_____

This firm is applying for certification as a:

- ☐ Minority-Owned Business Enterprise (MBE)
☐ Women-Owned Business Enterprise (WBE)

Primary Business Activity:_____

Is this firm certified as an M/WBE by another Governmental Agency? ☐ Yes ☐ No

If Yes, complete the following: (attach copies of certification letters)

Agency:_____ Date of Certification:_____

Contact Person:_____ Telephone:_____

Has this firm been rejected or denied by another Governmental Agency? ☐ Yes ☐ No

If yes, complete the following:

Agency:_____ Date of Rejection/Denial:_____

Contact Person:_____ Telephone:_____

Is this firm currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

☐ Yes ☐ No If yes, please identify agency, department or authority.

Type of Business:

☐ Corporation Date Established:_____

☐ Sole Partnership Date Established:_____

☐ Partnership Date Established:_____

Did the Business exist under a different type of ownership prior to the date indicated above?

☐ Yes ☐ No If yes, Explain:

Has the Certification of Incorporation or business certificate been amended?

☐ Yes ☐ No If yes, Explain:

Method of Acquisition (check all applicable)

☐ Started New Business ☐ Bought Existing Business

☐ Inherited Business ☐ Secured Franchise

☐ Secured Concession ☐ Merger or Consolidation

☐ Date of Acquisition:_____

Name & Position of ALL Persons with ownership interest in applicant firm:

Name:	Position:	Race/Ethnicity:	% Owned	Sex

Are all owners of firm United States Citizens or Permanent Resident Aliens?

☐ Yes

☐ No

If no, please identify individuals:

List of Current Board of Directors:

Name:	Position:	Race:	Sex

Name & Title of ALL Officers of applicant firm:

Name:	Title:	Race:	Sex

Identify all individuals (Officers and/or Owners) who have an affiliation with any other firm.

Name	Firm Name/Address	Telephone

If applicant firm is a Corporation, Identify Number of Shares:

Common Authorized _____ Common Issued _____

Preferred Authorized_____ Preferred Issued_____

Gross Income of Applicant Firm: \$_____

Annual Payroll: \$_____

Total Number of Employees_____ Full Time_____ Part Time_____

Total Number of Minorities_____ Total Number of Women_____

Identify Individual(s) responsible for the following: (include sex and group code for each)

	Name	Group Code	Sex
Financial Decisions:	_____	_____	_____

Preparation of Bids:_____

Purchase of Materials:_____

Negotiating Bonding:_____

Negotiating Insurance:_____

Marketing & Sales:_____

Negotiating Contracts:_____

Managing & Signing Payroll:_____

Supervision of Field Operations:_____

Signatories for Business Accounts:_____

Please identify additional staff persons. If any individual works for another firm, please provide detailed information on firm name, address and telephone:

Office Staff_____

Field/Supervisory Staff: _____

Estimator: _____

Controller: _____

Consultant: _____

Please list all equipment owned by firm:

Please list all equipment rented or leased by firm: (also include renter/lessor)

If this firm shares any space with any other firm, please provide the following:

Name of Business:

Address:

Telephone:

Warehouse: _____

Office: _____

Storage: _____

Garage: _____

Attorney for firm:

Name: _____

Address: _____

Telephone: _____

Accountant for firm:

Name: _____

Address: _____

Telephone: _____

List three largest accounts for which the applicant has provided goods or services within the last two years:

Firm Name and Phone Duration	Account Amount	Location

Identify Bank(s) where firm's accounts are maintained:

Bank Name & Address number	Type of Account	Account

Do you have a line of credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify:
Source	<input type="checkbox"/> Limit	<input type="checkbox"/> Name of Guarantor(s)	

List major current creditors and/or lenders and types of investments and/or loans in the firm:

Name of Creditor/lender	Type of Investment/Credit/Loan	Dollar Value

If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest.

Firm Name	Address	Percentage Ownership

Supporting Documentation

A. Required for ALL APPLICANTS.

Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes.

Note: If appropriate documents are not submitted AND no written explanation is given, applications will returned to you.

- ☐ Resumes of all principals, partners, officers and/or key employees of the firm. Show the home address and telephone number, education, training and employment with dates.
- ☐ Bank signature card, bank resolution, or letter from bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- ☐ Current financial statement
- ☐ Most recent two years Federal and State tax returns, including all schedules, where applicable.
- ☐ Proof of sources of capitalization/investments
- ☐ Proof of ethnicity (i.e. Birth Certificate, Baptismal Certificate, U.S. Passport etc.)
- ☐ Proof of United States Citizenship (i.e. Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.)
- ☐ Proof of Permanent Resident Alien status
- ☐ Lease agreements for office, storage and/or garage space
- ☐ All third party agreements including equipment rental, purchase agreements, management service agreements, etc.
- ☐ Any employment agreements
- ☐ Vehicle registration(s)
- ☐ Any certification, decertification or denial of certification documentation
- ☐ Written request for exemption from disclosure regarding trade secrets.

B. Required for a Sole Proprietorship:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- ☐ Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk (if doing business under an assumed name)

C. Required for a Partnership and a Joint Venture Partnership:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- ☐ Business Certificate
- ☐ Partnership Agreement
- ☐ Buy Out Rights

D. Required for a Corporation:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- ☐ Articles of Incorporation, including date approved by State
- ☐ Corporation By-Laws
- ☐ Minutes of First Corporate organization meeting and amendments
- ☐ Copies of all issued stock certificates, front and back, as well as next, un-issued certificate.
- ☐ Copy of stock ledger

- ☐ **If applicable; furnish copies of agreements relating to:**
- a. Stock options**
 - b. Shareholder agreements**
 - c. Shareholder voting rights**
 - d. Restrictions on the disposal of stock loan agreements**
 - e. Facts pertaining to the value of shares**
 - f. Buy out rights**
 - g. Restrictions on the control of the corporation**

DEFINITIONS

The following definitions are consistent with both the New York State Regulations and Albany Code for Certification of Minority and Women Owned Businesses:

Minority-Owned Business Enterprise (MBE)

A business enterprise which is at least 51% owned by, or in the case of a publicly owned business, at least 51% of the stock is owned by citizens or permanent resident aliens meeting the ethnic definitions of Black, Hispanic, Asian Indian, Asian Pacific and Native American.

Women-Owned Business Enterprise (WBE)

A business enterprise which is at least 51% owned by, or in the case of a publicly owned business, at least 51% of the stock of which is owned by citizens or permanent resident aliens who are women.

Group Codes:

- 01 Black: A person having origins in any of the black racial groups of Africa; not of Hispanic Origin.
- 02 Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- 03 Asians or Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- 04 Native Americans or Alaskan Natives: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- 05 Non-Minority

Is your firm bonded? ☐ Yes ☐ No

Bonding Company ☐ _____

Address _____

Telephone _____

Verification

State of _____)
County of _____) ss:
(A) Sole Proprietorship

_____, being duly sworn, states he or

she is the owner (or partner in) the enterprise making the foregoing Application and that the statement and representations made in the Application are true to his or her own knowledge.

(B) Corporation/Partnership

_____, being duly sworn that he or she

Name of Corporate Officer
is the _____ of _____
Name of Corporate Officer Name of Corporation

Enterprise making the foregoing application, that he or she has read the Application and knows its contents; that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Signature Date

Sworn to before me this _____
day of _____, 20____

Notary Public

Person assisting in completing the Application: _____
Print Full Name

Signature Telephone

Please return all completed applications to the following address:

**City of Albany
M/WBE & Fair Housing Office
City Hall, Room 301
Albany, New York 12207
(518) 445-0620**